Columbia University Subdent Health Insurance Spring: Ian J. Aug. 12, 021 - 5288 Spring: Ian J. Aug. 12, 021 - 5288 Dedextble per individual Scool Sc	MEMBER RESPONSIBILITY - 2018-19 Plan Year www.aetnastudenthealth.com/columbia		0 Plan : 31, 2018 - \$1222		00 Plan : 31, 2018 - \$1627
Pine FaturesIn-NetworkOut-of NetworkOut-of NetworkArmuel Out-of Proceet Max Integrated measimum for Preferred Garu (in: Network onny)S5000S5000Armuel Out-of Proceet Max Integrated measimum for Preferred Garu (in: Network onny)S5000S5000Mainimum coverage per conditionUnimitedUnimitedUnimitedOrthe VisitIn-NetworkOut-of NetworkOut-of NetworkPreventiveS030% riferS500PreventiveS030% riferS500PreventiveS030% riferS500PreventiveS030% riferS500PreventiveS030% riferS500ADD Insting/ Incent mean10% rifer40% riferADD Insting/Incent mean20% rifer40% riferADD Insting/Incent mean10% rifer	•				
Annual Quick-Peochet Max (Imregated maximum for Preferred Carr (In-Network only)\$4000 (In-Network only)\$3000 (In-Network only)\$30000 	Plan Features				Out-of-Network*
andy. Includes Preferred Soupsy. Preferred in Weinwork only meter discussions. Preferred any metanane.3300100100Calinsurane.10%40%Mainum coverage pre condition10%40%Offlee Visit10. Network Oli of Network0.4 di Network Oli of Network0.4 di Network Oli of NetworkOfflee Visit10. Network Oli of Network0.4 di Network0.4 di NetworkPreventive5030% siter5030% siterPreventive300 siter6 deluctible6 deluctible6 deluctibleAuto Say Alex Alex Alex Alex Alex Alex Alex Alex	Deductible per individual	\$200	\$600	\$0	\$600
univ.(Mon- general and any general any genera	Annual Out-of-Pocket Max (Integrated maximum for Preferred Care	\$4000	\$6000	\$3000	\$3000
Consurance ConsuranceConsurance (Consurance ConsuranceConsurance (Consurance)Co	only. Includes Preferred \$200 deductible, Preferred copays, Preferred		•		``
Maximum coverage per conditionUnimitedUnimitedOffice VisitIn NetworkOut of AltworkOffice VisitIn NetworkOut of AltworkPreventive\$030% afterPreventive\$030% afterPreventive\$030% afterPreventive\$030% afterPreventive\$030% afterPreventive\$040% afterPreventive\$040% afterCall District30% after40% afterCall District10% after40% afterCall District30% after30% afterCall District10% after40% afterCall District30% after30% afterCall District30% after30% afterCall District30% after30% afterCall District10% after40% afterCall District30% after30% after <t< td=""><td></td><td>,</td><td></td><td></td><td></td></t<>		,			
Office Visit In-Network Out-of-Network Preventive 50 30% after deductible deductible 50 Physician (copay does not apply to on compos service visits) \$30 30% after deductible deductible 50 Physician (copay does not apply to on compos service visits) 10% after deductible 40% after deductible 50 ADD testing/treatment 10% after deductible 40% after deductible 50 30% after deductible ADD testing/treatment 10% after deductible 40% after deductible 50 30% after deductible Inpatient inpa					
Description S00 S00 S00 Book Preventive S0 S00 S00 S00 Book Preventive S0 S00 S00 Book S00 Book Preventive S00 S00 S00 Book Book <td< td=""><td></td><td></td><td></td><td></td><td></td></td<>					
Preventive50deductible50deductiblePhysician (copay does not apply to on-campus service visits)\$3030% after deductible50030% after deductibleLatidly Copay does not apply to on-campus service visits)10% after deductible40% after deductible40% after deductible50030% after deductibleLatidly Copay does not apply to on-campus service visits)10% after deductible40% after deductible40% after deductible50030% after deductibleLatidly Copay does not apply to on-campus service visits)10% after deductible40% after deductible50030% after deductibleLatidly Copay does not apply to on-campus service visits)10% after deductible40% after deductible50030% after deductibleLatidly Copay does not apply to on-campus service visits)10% after deductible40% after deductible50030% after deductibleLatidly Copay does not apply to on-campus service visits)10% after deductible40% after deductible50030% after deductibleLatidly Copay does not apply to on-campus service visits)10% after deductible40% after deductible50030% after deductibleLatidly Copay does not apply to on-campus service visits)10% after deductible40% after deductible51005150Latidly Copay does not apply to on-campus service visits10% after deductible30% after deductible510030% after deductibleLatidly Copay does not apply to on-campus service vis	Once visit	III-Network		minietwork	
Physical freque (copage does not apply to on-campus service visits)S30deductibledeductibledeductibledeductibledeductibledeductibledeductibledeductibledeductibleS30deductible10% after10% after00% afterdeductiblededuc	Preventive	\$0		\$0	
TextingIn-NetworkControl NetworkControl NetworkControl NetworkControl NetworkControl NetworkControl NetworkControl NetworkSolControl NetworkControl Network			30% after	400	30% after
10% effer40% effer40% effer9090% efferisd/0agnostic Text/preadmission testingdeductibledeductibledeductibledeductibleisd/0agnostic Text/preadmission testing10% efferdeductibledeductibledeductibleisd/0agnostic Text/preadmission testing10% efferddw afterddw afterddw afterdbb testing/treatmentdbb sterrddw afterddw afterddw afterinpatientin-NetworkOut-of NetworkOut-of NetworkOut-of Networkinpatient Hospital Stay Facility fee10% efferddw afterddw afterinpatient Hospital Stay Facility and physician fees5150\$150\$150Emergency Room inclusive of Facility and physician fees10% efferddw afterddw after(copay waved if admitted to hospital)10% efferddw afterddw after0utpatient greep facility fee10% efferdd	Physician (copay does not apply to on-campus service visits)	\$30	deductible	\$20	deductible
Lak/DegreedeductibledeductibleS0deductibleHigh Cost Imaging copay/coinsurance10% after deductible40% after deductible40% after55030% afterADD testing/treatment10% after deductible40% after deductible40% after55030% afterInpatient Mospital Stay Facility fee10% after deductible40% after deductible40% after deductible30% afterInpatient Hospital Stay Physician fee10% after deductible40% after deductible30% after deductible30% afterInpatient Hospital Stay Physician fees10% after deductible40% after deductible30% afterCopay waived if admitted to hospital)10% after deductible40% after deductible30% after deductibleOutpatient Surgery facility and physician fees (copay waived if admitted to hospital)51051005100Outpatient Surgery facility fee10% after deductible40% after deductible50030% after deductibleOutpatient Surgery physician fee30% after deductible40% after deductible52030% after deductibleOutpatient Surgery physician fee10% after deductible40% after deductible52030% after deductibleOutpatient Surgery physician fee Chiropractor10% after deductible40% after deductible52030% after deductibleDurable medical equipment10% after deductible40% after deductible52030% after deductibleDurable medical eq	Testing	In-Network	Out-of-Network*	In-Network	Out-of-Network*
1 Cont	l ab/Diagnostic Test/preadmission testing			\$0	
High Cost maging copay/coinsurancedeductibledeductibleADD testing/treatment10% after deductible40% after deductible55.030% after deductibleInpatient Hospital Stay Facility Fee10% after deductible40% after deductible30% after deductible30% after deductibleInpatient Hospital Stay Physician fee10% after deductible40% after deductible30% after deductible30% after deductibleInpatient Hospital Stay Physician fee10% after deductible40% after deductible30% after deductible30% afterInpatient Group waived if admitted to hospital)10% after deductible10% after deductible10% after deductible30% afterUrgent care center10% after deductible40% after deductible30% after30% afterOutpatient surgery facility fee10% after deductible40% after deductible510030% afterOutpatient surgery physician fee10% after deductible40% after deductible52030% afterAcupuncture Outpatient20% after deductible30% after deductible52030% after deductibleSupate Fierpay Outpatient20% after deductible40% after deductible30% after deductibleDurable medical equipment20% after deductible40% after deductible30% after deductibleSupate and impaced Wisdom Teeth10% after deductible40% after deductible30% after deductibleSubtance abuse outpatient student10% aft				ψ.°	
ADD testing/treatment 10% after deductible 40% after deductible Inpatient InAttwork Out-of-Network S50 30% after deductible Inpatient Hospital Stay Facility fee 10% after deductible Out-of-Network Out-of-Network Inpatient Hospital Stay Physician fee 10% after deductible Out-of-Network Out-of-Network Inpatient Hospital Stay Physician fee 10% after deductible Out-of-Network Out-of-Network Inpatient Hospital Stay Physician fee 10% after deductible Out-of-Network Out-of-Network Inpatient Hospital Stay Physician fee 10% after deductible Out-of-Network Out-of-Network Ambulance 10% after deductible Out-of-Network Out-of-Network S100 Urgent care center 560 30% after deductible S100 S100 Outpatient/Other 10% after deductible 40% after deductible S100 S100 Outpatient Surgery facility fee 10% after deductible 40% after deductible S20 30% after s20 30% after s20 30% after s20 30% after deductible Durable medical equipment 10% af	High Cost Imaging copay/coinsurance			\$50	
ADD testing/treatment deductible deductible 550 deductible Inpatient InNetwork OuterActwork OuterActwork OuterActwork Inpatient Hospital Stay Facility fee 10% after 40% after 30% after Inpatient Hospital Stay Physician fee 10% after 4d% after deductible Energency/Urgent InNetwork OuterActwork S150 S150 S150 Energency/Urgent InNetwork OuterActwork Medictible deductible Ambulance InNetwork OuterActwork Network OuterActwork Outpatient Surgery Acting and physician fees S150 S150 S150 S150 Outpatient Surgery Acting fee 10% after 40% after S40 30% after Outpatient Surgery Acting fee 10% after 40% after S40 30% after Outpatient Surgery physician fee 10% after 40% after S40 30% after Outpatient Surgery physician fee 10% after 40% after S20 30% after Outpatient Surgery physician fee 10% after 40% after S20 30% after Outpatient Surgery physician fee 10% after 40% after S20 30% after Durable medical equipment <					
Inpatient In-Network Out-of-Network Out-of-Network Inpatient Hospital Stay Facility fee 10% after deductible 40% after deductible 40% after deductible 30% after Inpatient Hospital Stay Physician fee 10% after deductible 40% after deductible 40% after deductible 40% after Inpatient Hospital Stay Physician fees 5150 \$150 \$150 Inpatient Hospital Stay Physician fees 5150 \$150 \$100 Inpatient Hospital fee 10% after deductible 10% after 40% after Ambulance 10% after deductible 30% after \$40 30% after Outpatient/Other 10% after deductible 40% after 40% after 50 30% after Outpatient surgery physician fee 10% after deductible 40% after 50 30% after Support of the surgery facility fee 10% after 40% after 50 30% after Outpatient surgery physician fee 10% after 40% after 640uctible 640uctible Durable medical equipment 10% after 40% after 640uctible 520	ADD testing/treatment			\$50	
10% after 40% after Inpatient Hospital Stay Facility fee 10% after Inpatient Hospital Stay Physician fee 10% after Genergency/Urgent In-Network Emergency/Urgent In-Network Coppa valued if admitted to hospital) 10% after Ambulance 10% after deductible deductible deductible deductible <tr< td=""><td>Innatient</td><td></td><td></td><td>In-Network</td><td></td></tr<>	Innatient			In-Network	
Inpatient Hospital Stay Facility feedeductibleDeductibleS250deductibleInpatient Hospital Stay Physician fee10% after deductibledo% after deductibledo% after deductible30% after deductibleEmergency Room - inclusive of Facility and physician feesS150S150S150S150Copay waived if admitted to hospital)10% after deductibledo% after deductibleS150S150S150AmbulanceIn-NetworkOut-of-Network deductibleGNS after deductibleS150S150S150Outpatient surgery facility fee10% after deductibledo% after deductibleGNS after deductibleS0030% after deductibleOutpatient surgery physician fee10% after deductibledo% after deductibleS0030% after deductibleChiropractorS3030% after deductibleGNS after deductibleS2030% after deductibleDurable medical equipment10% after deductible40% after deductibleS2030% after deductibleDurable medical equipment10% after deductible40% after deductibleS2030% after deductibleDental injury only10% after deductible40% after deductibleS2030% after deductibleSubtance abuse unpatient student10% after deductible40% after deductibleS2030% after deductibleSubtance abuse unpatient student10% after deductible40% after deductibleS2030% after deductible					
Inpatient Hospital Stay Physician feedeductibledeductibleincluded abovedeductibleEmergency Room - inclusive of Facility and physician feesS150S150S150S150S150(copay waived if admitted to hospital)10% afterdeductibledeductiblefixed waiterS150S150S150S150S150Ambulance10% afterdeductibledeductibledeductibledeductibleS150S1	Inpatient Hospital Stay Facility fee			\$250	
deductibledeductibledeductibleIm-NetworkUnd-F NetworkIm-NetworkUnd-S NetworkEmergency (Norm - inclusive of Facility and physician fees5150\$150\$150(copay waived if admitted to hospital)10% after10% after10% afterAmbulance10% after10% after10% after560\$100Urgent care center10% after40% after6deductibleOutpatient surgery physician fee10% after40% after30% afterOutpatient surgery physician fee10% after40% after30% afterAcupuncture Outpatient10% after40% after30% afterChiropractor\$3030% after30% afterDurable medical equipment10% after40% after30% afterDurable medical equipment10% after40% after30% afterDental injury only10% after40% after30% afterBehavioral Health10% after40% after30% afterMental health- inpatient10% after40% after40% afterSubstance abuse outpatient student52030% after30% afterSubstance abuse outpatient student5030% after30% afterSubsta		10% after	40% after	In almala dia la arra	30% after
Imegency Room - inclusive of Facility and physician fees\$150\$150Copay waived If admitted to hospital)10% after deductible10% after deductible10% after deductibleAmbulance10% after deductible30% after deductible30% after deductibleOutpatient surgery facility fee10% after deductible00% after deductible01% after deductibleOutpatient surgery physician fee10% after deductible40% after deductible30% after deductibleAcupuncture Outpatient\$3030% after deductible30% after deductibleChiropractor\$3030% after deductible30% after deductibleDurable medical equipment10% after deductible40% after deductible30% after deductibleDurable medical equipment10% after deductible40% after deductible30% after deductibleDurable medical equipment10% after deductible40% after deductible30% after deductibleDental injury only10% after deductible40% after deductible30% after deductibleSubtance abuse outpatient student\$2030% after deductible30% after deductibleSubtance abuse outpatient student\$20	Inpatient Hospital Stay Physician fee	deductible	deductible	Included above	deductible
(copay waived if admitted to hospital)515051505150515051505150Ambulance10% after deductible10% after deductible10% after deductible10% after deductible56030% after deductible510051005100Outpatient/OtherIn-NetworkOut-of-NetworkOut-of-Network0ut-of-Network0ut-of-Network0ut-of-NetworkOutpatient surgery physician fee10% after deductible40% after deductible30% after deductible30% after deductible30% after deductibleAupuncture Outpatient53030% after deductible30% after deductible30% after deductible30% after deductibleDurable medical equipment10% after deductible40% after deductible30% after deductibleDurable medical equipment10% after deductible40% after deductible30% after deductibleMental Health- Outpatient10% after deductible40% after deductible30%	Emergency/Urgent	In-Network	Out-of-Network*	In-Network	Out-of-Network*
AmbulancedeductibledeductibleS100S100Urgent care center56030% after deductible30% after deductible30% after deductible30% afterOutpatient surgery facility fee10% after deductible40% after deductible30% after deductible30% after30% after deductibleOutpatient surgery physician fee10% after deductible40% after deductible30% after deductible30% after deductible30% after deductibleAcupuncture Outpatient53030% after deductible30% after deductible30% after deductibleChiropractor\$3030% after deductible30% after deductible30% after deductibleDurable medical equipment10% after deductible40% after deductible30% after deductibleDurable medical equipment10% after deductible40% after deductible30% after deductibleDurable medical equipment10% after deductible40% after deductible30% after deductibleDental injury only10% after deductible40% after deductible30% after deductibleSubstance abuse inpatient student10% after deductible40% after deductible30% after deductibleSubstance abuse inpatient student52030% after deductible30% after deductibleSubstance abuse inpatient student\$3030% after deductible52030% after deductibleSubstance abuse inpatient student\$2030% after deductible	Emergency Room - inclusive of Facility and physician fees (copay waived if admitted to hospital)	\$150	\$150	\$150	\$150
Urgent care centerS60deductibleS40deductibleOutpatient surgery facility feein-NetworkOut-of-Networkin-NetworkOut-of-NetworkOutpatient surgery physician fee10% after deductibledeductibledeductibleAcupuncture OutpatientS3030% after deductibledeductible30% after deductibleChiropractorS3030% after 	Ambulance			\$100	\$100
Outpatient/OtherIn NetworkOut-of-NetworkOutpatient surgery facility fee10% after deductible40% after deductible30% after deductibleOutpatient surgery physician fee10% after deductible40% after deductible30% afterAcupuncture Outpatient53030% after deductible30% after deductibleAcupuncture Outpatient\$3030% after deductible30% afterChiropractor\$3030% after deductible30% after deductiblePhysical Therapy Outpatient10% after deductible40% after deductibleDurable medical equipment10% after deductible40% after deductibleDurable medical equipment10% after deductible40% after deductibleDental injury only10% after deductible40% after deductibleBehavioral HealthIn-NetworkOut-of-Network deductibleMental Health- Outpatient10% after deductible40% after deductibleSubstance abuse inpatient student10% after deductible40% after deductibleSubstance abuse outpatient student52030% after deductibleSubstance abuse outpatient student\$2030% after deductiblePrescription Coverage Generics and Brands without a generic equivalent or alternative51530% 30%Substance abuse outpatient student\$1530% afterSubstance abuse outpatient student\$2030% after deductiblePrescription Coverage Generics and Brands without a generic equivalent	Lirgent care conter	\$60	30% after	\$40	30% after
JunctionJ0% after deductible40% after deductibleOutpatient surgery facility fee10% after deductible40% after deductibleOutpatient surgery physician fee10% after deductible40% after deductibleAcupuncture Outpatient\$3030% after deductibleChiropractor\$3030% after deductiblePhysical Therapy Outpatient\$3030% after deductibleDurable medical equipment10% after deductible40% after deductibleTermination of Pregnancy10% after deductible40% after deductibleDental injury only10% after deductible40% after deductibleBehavioral Health10% after deductible40% after deductibleMental health- Inpatient52030% after deductibleSubstance abuse outpatient student10% after deductible40% after deductibleSubstance abuse outpatient student10% after deductible40% after deductibleSubstance abuse outpatient student52030% after deductiblePrescription Coverage Contraceptives: Generics and Brands without a generic equivalent or alternative5030%Solo30%51030%Solo30%53530%		Şõõ	deductible		deductible
Outpatient surgery facility feedeductibledeductiblefor deductiblefor deductiblefor deductiblefor deductiblefor deductiblefor deductiblefor deductiblefor deductiblefor deductiblefor deductiblefor deductiblefor deductiblefor deductiblefor deductiblefor deductiblefor deductiblefor for deductiblefor for deductiblefor for deductiblefor for deductiblefor for deductiblefor for deductiblefor for deductiblefor for for deductiblefor 					
Outpatient surgery physician fee10% after deductible40% after deductibleAcupuncture Outpatient\$3030% after deductible30% after deductibleChiropractor\$3030% after deductible30% after deductiblePhysical Therapy Outpatient\$3030% after deductible30% after deductibleDurable medical equipment10% after deductible40% after deductible30% after deductibleTermination of Pregnancy10% after deductible40% after deductible30% after deductibleDental injury only10% after deductible40% after deductible30% after deductibleMental health- Inpatient10% after deductible40% after deductible30% after deductibleSubstance abuse outpatient student\$2030% after deductible30% after deductibleSubstance abuse outpatient student\$2030% after deductible30% after deductiblePrescription CoverageIn-NetworkOut-of-Network deductible\$2030% after deductibleSubstance abuse outpatient student\$2030% after deductible\$2030% after deductibleSubstance abuse outpatient student\$2030% after deductible\$2030% after deductibleSubstance abuse outpatient student\$2030% after deductible\$2030% after deductiblePrescription CoverageIn-NetworkOut-of-Network S030%\$3030%Substance abuse outpatient student\$20	Outpatient/Other			In-Network	Out-of-Network*
Outpatient surgery physician feedeductibledeductibledeductibleAcupuncture Outpatient\$3030% after30% after30% afterAcupuncture Outpatient\$3030% after30% after30% afterChiropractor\$3030% afterdeductible30% afterPhysical Therapy Outpatient\$30afterdeductibleDurable medical equipment10% after40% afterdeductibleDurable medical equipment10% after40% afterdeductibleTermination of Pregnancy10% after40% afterdeductibleDental injury only10% after40% after30% afterBehavioral HealthIn-NetworkOut-of-Network*0ut-of-Network*Mental health- Inpatient10% after40% after30% afterSubstance abuse inpatient student\$2030% afterdeductibleSubstance abuse outpatient student\$2030% after30% afterSubstance abuse outpatient student\$2030% after30% afterContraceptives: Generics and Brands without a generic equivalent or alternative\$1030% after30% afterGeneric Drugs51530%\$1030%Preferred Brand drugs\$5030%\$30\$30	Outpatient/Other Outpatient surgery facility fee	10% after	40% after		30% after
Acupuncture Outpatient\$3030% after deductibleAcupuncture Outpatient\$3030% after deductibleChiropractor\$3030% after deductiblePhysical Therapy Outpatient\$3030% after deductibleDurable medical equipment10% after deductible40% after deductibleDurable medical equipment10% after deductible40% after deductibleTermination of Pregnancy10% after deductible40% after deductibleDental injury only10% after deductible40% after deductibleBehavioral HealthIn-NetworkOut-of-Network* deductibleMental health- Inpatient10% after deductible40% after deductibleSubstance abuse outpatient student\$2030% after deductiblePrescription CoverageIn-NetworkOut-of-Network* deductiblePrescription CoverageIn-NetworkOut-of-Network* deductiblePrescription CoverageIn-Network30% after deductiblePrescription CoverageIn-Network30% after deductiblePreferred Brand drugs\$1530%Sol30%\$10Sol30%Sol30%Sol30%Sol30%Sol30%Sol30%Sol30%Sol30%Sol30%Sol30%Sol30%Sol30%Sol30%Sol30%Sol30% <td></td> <td>10% after deductible</td> <td>40% after deductible</td> <td></td> <td>30% after deductible</td>		10% after deductible	40% after deductible		30% after deductible
Acupuncture Outpatient\$30deductibleChiropractor\$3030% after deductible30% after deductiblePhysical Therapy Outpatient\$3030% after deductible30% after deductibleDurable medical equipment10% after deductible40% after deductible30% after deductibleTermination of Pregnancy10% after deductible40% after deductible30% after 	Outpatient surgery facility fee	10% after deductible 10% after	40% after deductible 40% after	\$0	30% after deductible 30% after
ChiropractorS30deductiblePhysical Therapy OutpatientS3030% after deductible30% after deductibleDurable medical equipment10% after deductible40% after deductible30% after deductibleTermination of Pregnancy10% after deductible40% after deductible30% after deductibleRemoval of Impacted Wisdom Teeth10% after deductible40% after deductible30% after deductibleDental injury only10% after deductible40% after deductible30% after deductibleBehavioral HealthIn-NetworkOut-of-Network*0ut-of-Network*Mental Health- Outpatient\$2030% after deductible30% after deductibleSubstance abuse inpatient student\$2030% after deductible30% after deductibleSubstance abuse outpatient student\$2030% after 	Outpatient surgery facility fee Outpatient surgery physician fee	10% after deductible 10% after deductible	40% after deductible 40% after deductible	\$0 \$100	30% after deductible 30% after deductible
Physical Therapy OutpatientGeld (Ctible deductibledeductiblePhysical Therapy Outpatient\$3030% after deductible30% after deductibleDurable medical equipment10% after deductible40% after deductible10% deductible30% after deductibleTermination of Pregnancy10% after deductible40% after deductible30% after deductible30% after deductibleRemoval of Impacted Wisdom Teeth10% after deductible40% after deductible30% after deductible30% after deductibleDental injury only10% after deductible40% after deductible\$2030% after deductibleBehavioral HealthIn-NetworkOut-of-Network*Out-of-Network*Mental Health- Outpatient\$2030% after deductible30% after deductibleSubstance abuse inpatient student10% after deductible40% after deductible\$2030% after deductibleSubstance abuse outpatient student\$2030% after deductible30% after deductible\$2030% after deductibleSubstance abuse outpatient student\$2030% after deductible\$2030% after deductiblePrescription CoverageIn-NetworkOut-of-Network*0ut-of-Network*Contraceptives: Generics and Brands without a generic equivalent or alternative\$1030%\$1030%Substance abuse inpatient student\$10\$30\$30%\$3130%Preferred Brand drugs\$1530%\$30	Outpatient surgery facility fee Outpatient surgery physician fee	10% after deductible 10% after deductible	40% after deductible 40% after deductible 30% after	\$0 \$100	30% after deductible 30% after deductible 30% after
Physical Therapy Outpatient\$30deductible520deductibleDurable medical equipment10% after deductible40% after deductible10%10%10%10%10%30% after deductibleTermination of Pregnancy10%10% after deductible40% after deductible0%30% after deductible0%30% after deductibleRemoval of Impacted Wisdom Teeth10% after deductible40% after deductible40% after deductible30% after 	Outpatient surgery facility fee Outpatient surgery physician fee Acupuncture Outpatient	10% after deductible 10% after deductible \$30	40% after deductible 40% after deductible 30% after deductible	\$0 \$100 \$20	30% after deductible 30% after deductible 30% after deductible
Durable medical equipment10% after deductibledeductible deductible10% after deductible10% after deductible10% after deductible10% after deductible10% after deductible10% after deductible10% after deductible10% after deductible10% after deductible10% after deductible30% after deductibleDental injury only10% after deductible40% after deductible30% after deductible30% after deductible30% after deductibleBehavioral HealthIn-NetworkOut-of-Network*In-NetworkOut-of-Network*Mental health- Inpatient220 deductible30% after deductible30% after deductible30% after deductibleSubstance abuse inpatient student10% after deductible40% after deductible\$20 deductible30% after deductibleSubstance abuse outpatient student520 alternative30% after deductible\$20 deductible30% after deductiblePrescription Coverage Contraceptives: Generics and Brands without a generic equivalent or alternative\$10 \$030%\$030%Substance abuse outpatient student\$10 sol30%\$10 sol%30%Preferred Brand drugs\$15 sol%30%\$10 sol%30%	Outpatient surgery facility fee Outpatient surgery physician fee Acupuncture Outpatient	10% after deductible 10% after deductible \$30	40% after deductible 40% after deductible 30% after deductible 30% after	\$0 \$100 \$20	30% after deductible 30% after deductible 30% after deductible 30% after
Durable medical equipmentdeductibledeductibledeductibleTermination of Pregnancy10%40% after deductible0%30% after deductibleRemoval of Impacted Wisdom Teeth10% after deductible40% after deductible0% after deductible30% after deductibleDental injury only10% after deductible40% after deductible\$2030% after deductibleBehavioral HealthIn-NetworkOut-of-Network*Out-of-Network*Mental health- Outpatient\$2030% after deductible30% after deductibleSubstance abuse inpatient student10% after deductible40% after deductible\$2030% after deductibleSubstance abuse outpatient student\$2030% after deductible\$2030% after deductiblePrescription CoverageIn-NetworkOut-of-Network*\$2030% after deductibleGeneric Drugs\$1530%\$1030%Preferred Brand drugs\$5030%\$33530%	Outpatient surgery facility fee Outpatient surgery physician fee Acupuncture Outpatient Chiropractor	10% after deductible 10% after deductible \$30 \$30	40% after deductible 40% after deductible 30% after deductible 30% after deductible 30% after	\$0 \$100 \$20 \$20	30% after deductible 30% after deductible 30% after deductible 30% after deductible 30% after
Termination of Pregnancy10%40% after deductibleRemoval of Impacted Wisdom Teeth10% after deductible40% after deductible30% after deductibleDental injury only10% after deductible40% after deductible30% after deductibleBehavioral HealthIn-NetworkOut-of-Network30% after deductibleMental Health- Outpatient\$2030% after deductible30% after deductibleMental health- Inpatient10% after deductible40% after deductible30% after deductibleSubstance abuse inpatient student\$2030% after deductible30% after deductibleSubstance abuse outpatient student\$2030% after deductible30% after deductibleContraceptives: Generics and Brands without a generic equivalent or alternative Generic Drugs\$1530%\$10Preferred Brand drugs\$5030%\$30%\$30%	Outpatient surgery facility fee Outpatient surgery physician fee Acupuncture Outpatient Chiropractor	10% after deductible 10% after deductible \$30 \$30 \$30	40% after deductible 40% after deductible 30% after deductible 30% after deductible 30% after deductible	\$0 \$100 \$20 \$20	30% after deductible 30% after deductible 30% after deductible 30% after deductible 30% after deductible
Termination of Pregnancy10%deductible0%deductibleRemoval of Impacted Wisdom Teeth10% after40% after40% after\$2030% afterdeductibleDental injury only10% after40% afterdeductibledeductibledeductibledeductible\$2030% afterdeductibleBehavioral HealthIn-NetworkOut-of-Network*Out-of-Network*Out-of-NetworkOut-of-Network*Out-of-Network0ut-of-Network0ut-of-Network0ut-of-Network0ut-of-Network0w/s afterdeductibledeductibledeductibledeductibledeductible0% afterdeductible30% afterdeductibledeductible30% afterdeductibledeductible30% afterdeductibledeductibledeductibledeductibledeductibledeductible\$2030% afterdeductibledeductibledeductibledeductibledeductibledeductible\$2030% afterdeductibledeductibledeductible\$25030% afterdeductibledeductibledeductible\$25030% afterdeductibledeductible\$2030% afterdeductibledeductible\$2030% afterdeductibledeductible\$25030% afterdeductibledeductible\$2030% afterdeductibledeductible\$2030% afterdeductibledeductible\$2030% afterdeductible\$2030% after\$2030% afterdeductible\$2030% after\$2030% afterdeductible<	Outpatient surgery facility fee Outpatient surgery physician fee Acupuncture Outpatient Chiropractor	10% after deductible10% after deductible\$30\$30\$30\$30\$30\$30\$30	40% after deductible 40% after deductible 30% after deductible 30% after deductible 30% after deductible 40% after	\$0 \$100 \$20 \$20 \$20 \$20	30% after deductible 30% after deductible 30% after deductible 30% after deductible 30% after deductible 30% after
Removal of Impacted Wisdom Teeth10% after deductible40% after deductibleDental injury only10% after deductible40% after deductibleDental injury only10% after deductible40% after deductibleBehavioral HealthIn-NetworkOut-of-Network* deductibleMental Health- Outpatient\$2030% after deductibleMental health- Inpatient10% after deductible40% after deductibleSubstance abuse inpatient student10% after deductible40% after deductibleSubstance abuse outpatient student\$2030% after deductiblePrescription CoverageIn-NetworkOut-of-Network* deductibleContraceptives: Generics and Brands without a generic equivalent or alternative\$1030%Generic Drugs\$1530%Preferred Brand drugs\$5030%	Outpatient surgery facility fee Outpatient surgery physician fee Acupuncture Outpatient Chiropractor Physical Therapy Outpatient	10% after deductible10% after deductible\$30\$30\$30\$30\$30\$30\$30	40% after deductible 40% after deductible 30% after deductible 30% after deductible 40% after deductible	\$0 \$100 \$20 \$20 \$20 \$20	30% after deductible 30% after deductible 30% after deductible 30% after deductible 30% after deductible 30% after deductible
Removal of Impacted Wisdom TeethdeductibledeductibledeductibleS20deductibleDental injury only10% after deductible40% after deductible30% after ded	Outpatient surgery facility fee Outpatient surgery physician fee Acupuncture Outpatient Chiropractor Physical Therapy Outpatient	10% after deductible 10% after deductible \$30 \$30 \$30 \$30 10% after deductible	40% after deductible 40% after deductible 30% after deductible 30% after deductible 40% after deductible 40% after	\$0 \$100 \$20 \$20 \$20 \$20 10%	30% after deductible 30% after deductible 30% after deductible 30% after deductible 30% after deductible 30% after deductible 30% after
Dental injury onlydeductibledeductibledeductibleBehavioral HealthIn-NetworkOut-of-Network*In-NetworkIn-NetworkMental Health- Outpatient\$2030% after deductible30% after deductible30% after deductible30% after deductible30% after deductible30% after deductibleMental health- Inpatient10% after deductible40% after deductible30% after deductible30% after deductible30% after deductible30% after deductibleSubstance abuse inpatient student\$2030% after deductible30% after deductible30% after deductible30% after deductiblePrescription CoverageIn-NetworkOut-of-Network*\$2030% after deductibleContraceptives: Generics and Brands without a generic equivalent or alternative\$1030%\$030%Generic Drugs\$1530%\$1030%Preferred Brand drugs\$5030%\$3530%	Outpatient surgery facility fee Outpatient surgery physician fee Acupuncture Outpatient Chiropractor Physical Therapy Outpatient Durable medical equipment Termination of Pregnancy	10% after deductible10% after deductible\$30\$30\$30\$30\$10% after deductible10%	40% after deductible 40% after deductible 30% after deductible 30% after deductible 40% after deductible 40% after deductible	\$0 \$100 \$20 \$20 \$20 \$20 10% 0%	30% after deductible 30% after deductible 30% after deductible 30% after deductible 30% after deductible 30% after deductible 30% after deductible
Behavioral HealthIn-NetworkOut-of-Network*In-NetworkOut-of-Network*Mental Health- Outpatient\$2030% after deductible30% after deductible30% after deductibleMental health- Inpatient10% after deductible40% after deductible\$25030% after deductibleSubstance abuse inpatient student10% after deductible40% after deductible\$25030% after deductibleSubstance abuse outpatient student\$2030% after deductible30% after deductible\$25030% after deductiblePrescription CoverageIn-NetworkOut-of-Network*0ut-of-Network*\$2030% after deductibleContraceptives: Generics and Brands without a generic equivalent or alternative\$1530%\$1030%Generic Drugs\$1530%\$1030%Preferred Brand drugs\$5030%\$3530%	Outpatient surgery facility fee Outpatient surgery physician fee Acupuncture Outpatient Chiropractor Physical Therapy Outpatient Durable medical equipment	10% after deductible10% after deductible\$30\$30\$30\$30\$10% after deductible10% after10% after	40% after deductible 40% after deductible 30% after deductible 30% after deductible 40% after deductible 40% after deductible 40% after	\$0 \$100 \$20 \$20 \$20 \$20 10% 0%	30% after deductible 30% after deductible 30% after deductible 30% after deductible 30% after deductible 30% after deductible 30% after deductible 30% after
Mental Health- Outpatient\$2030% after deductible\$2030% after deductibleMental health- Inpatient10% after deductible40% after deductible\$25030% after deductibleSubstance abuse inpatient student10% after deductible40% after deductible\$25030% after deductibleSubstance abuse outpatient student\$2030% after deductible30% after deductible\$25030% after deductibleSubstance abuse outpatient student\$2030% after deductible30% after deductible\$20030% after deductiblePrescription CoverageIn-NetworkOut-of-Network*In-NetworkOut-of-Network*Contraceptives: Generics and Brands without a generic equivalent or alternative\$1530%\$1030%Generic Drugs\$1530%\$1030%Preferred Brand drugs\$5030%\$3530%	Outpatient surgery facility fee Outpatient surgery physician fee Acupuncture Outpatient Chiropractor Physical Therapy Outpatient Durable medical equipment Termination of Pregnancy Removal of Impacted Wisdom Teeth	10% after deductible 10% after deductible \$30 \$30 \$30 \$30 10% after deductible 10% after deductible 10% after deductible 10% after deductible	40% after deductible 40% after deductible 30% after deductible 30% after deductible 40% after deductible 40% after deductible 40% after deductible	\$0 \$100 \$20 \$20 \$20 \$20 10% 0% \$20	30% after deductible 30% after deductible 30% after deductible 30% after deductible 30% after deductible 30% after deductible 30% after deductible 30% after deductible
Mental Health- Outpatient\$20deductibleMental health- Inpatient10% after deductible40% after deductible\$25030% after deductibleSubstance abuse inpatient student10% after deductible40% after deductible\$25030% after deductibleSubstance abuse outpatient student\$2030% after deductible\$25030% after deductibleSubstance abuse outpatient student\$2030% after deductible\$2030% after deductiblePrescription CoverageIn-NetworkOut-of-Network*\$2030% after deductibleContraceptives: Generics and Brands without a generic equivalent or alternative\$030%\$1030%Generic Drugs\$1530%\$1030%Preferred Brand drugs\$5030%\$3530%	Outpatient surgery facility fee Outpatient surgery physician fee Acupuncture Outpatient Chiropractor Physical Therapy Outpatient Durable medical equipment Termination of Pregnancy	10% after deductible10% after deductible\$30\$30\$30\$30\$10% after deductible10% after deductible10% after deductible10% after deductible10% after deductible10% after10% after deductible10% after	40% after deductible 40% after deductible 30% after deductible 30% after deductible 40% after deductible 40% after deductible 40% after deductible 40% after deductible	\$0 \$100 \$20 \$20 \$20 \$20 10% 0% \$20	30% after deductible 30% after deductible 30% after deductible 30% after deductible 30% after deductible 30% after deductible 30% after deductible 30% after deductible 30% after
Mental health- InpatientdeductibledeductibledeductibleSubstance abuse inpatient student10% after deductible40% after deductible30% after deductibleSubstance abuse outpatient student\$2030% after deductible30% after deductibleSubstance abuse outpatient student\$2030% after deductible30% after deductiblePrescription CoverageIn-NetworkOut-of-Network*In-NetworkContraceptives: Generics and Brands without a generic equivalent or alternative\$030%\$0Generic Drugs\$1530%\$1030%Preferred Brand drugs\$5030%\$3530%	Outpatient surgery facility fee Outpatient surgery physician fee Acupuncture Outpatient Chiropractor Physical Therapy Outpatient Durable medical equipment Termination of Pregnancy Removal of Impacted Wisdom Teeth	10% after deductible 10% after deductible \$30 \$30 \$30 \$30 10% after deductible	40% after deductible 40% after deductible 30% after deductible 30% after deductible 40% after deductible 40% after deductible 40% after deductible 40% after deductible 40% after deductible 40% after	\$0 \$100 \$20 \$20 \$20 \$20 10% 0% \$20 \$20 \$20	30% after deductible 30% after deductible 30% after deductible 30% after deductible 30% after deductible 30% after deductible 30% after deductible 30% after deductible 30% after deductible 30% after
In-NetworkOut-of-Network*In-Network<	Outpatient surgery facility fee Outpatient surgery physician fee Acupuncture Outpatient Chiropractor Physical Therapy Outpatient Durable medical equipment Termination of Pregnancy Removal of Impacted Wisdom Teeth Dental injury only	10% after deductible 10% after deductible \$30 \$30 \$30 \$30 \$30 10% after deductible	40% after deductible 40% after deductible 30% after deductible 30% after deductible 40% after deductible 40% after deductible 40% after deductible 40% after deductible 40% after deductible 40% after deductible	\$0 \$100 \$20 \$20 \$20 \$20 10% 0% \$20 \$20 \$20 \$20 In-Network	30% after deductible 30% after deductible 30% after deductible 30% after deductible 30% after deductible 30% after deductible 30% after deductible 30% after deductible 30% after deductible 30% after
Substance abuse inpatient studentdeductibledeductible\$250deductibleSubstance abuse outpatient student\$2030% after deductible30% after deductible30% after deductible30% after deductiblePrescription CoverageIn-NetworkOut-of-Network*In-NetworkOut-of-NetworkContraceptives: Generics and Brands without a generic equivalent or alternative\$030%\$0\$0Generic Drugs\$1530%\$1030%Preferred Brand drugs\$5030%\$3530%	Outpatient surgery facility fee Outpatient surgery physician fee Acupuncture Outpatient Chiropractor Physical Therapy Outpatient Durable medical equipment Termination of Pregnancy Removal of Impacted Wisdom Teeth Dental injury only Behavioral Health	10% after deductible10% after deductible10% after deductible\$30\$30\$30\$3010% after deductible10% after\$2010% after	40% after deductible 40% after deductible 30% after deductible 30% after deductible 40% after deductible 40% after deductible 40% after deductible 40% after deductible 0ut-of-Network* 30% after deductible	\$0 \$100 \$20 \$20 \$20 \$20 10% 0% \$20 \$20 \$20 \$20 \$20 \$20 \$20 \$20	30% after deductible 30% after
Substance abuse outpatient student\$2030% after deductible\$2030% after deductiblePrescription CoverageIn-NetworkOut-of-Network*In-NetworkIn-NetworkOut-of-Network*Contraceptives: Generics and Brands without a generic equivalent or alternative\$030%\$0\$0\$0Generic Drugs\$1530%\$1030%Preferred Brand drugs\$5030%\$3530%	Outpatient surgery facility fee Outpatient surgery physician fee Acupuncture Outpatient Chiropractor Physical Therapy Outpatient Durable medical equipment Termination of Pregnancy Removal of Impacted Wisdom Teeth Dental injury only Behavioral Health Mental Health- Outpatient	10% after deductible10% after deductible10% after deductible\$30\$30\$30\$30\$3010% after deductible10% after deductible	40% after deductible 40% after deductible 30% after deductible 30% after deductible 40% after deductible 40% after deductible 40% after deductible 40% after deductible 0ut-of-Network* 30% after deductible	\$0 \$100 \$20 \$20 \$20 \$20 10% 0% \$20 \$20 \$20 \$20 \$20 \$20 \$20 \$20	30% after deductible 30% after deductible
Substance abuse outpatient student\$20deductible\$20deductiblePrescription CoverageIn-NetworkOut-of-Network*In-NetworkIn-NetworkOut-of-Network*Contraceptives: Generics and Brands without a generic equivalent or alternative\$030%\$0\$030%Generic Drugs\$1530%\$1030%Preferred Brand drugs\$5030%\$3530%	Outpatient surgery facility fee Outpatient surgery physician fee Acupuncture Outpatient Chiropractor Physical Therapy Outpatient Durable medical equipment Termination of Pregnancy Removal of Impacted Wisdom Teeth Dental injury only Behavioral Health Mental Health- Outpatient	10% after deductible10% after deductible10% after deductible\$30\$30\$30\$3010% after deductible10% after	40% after deductible 40% after deductible 30% after deductible 30% after deductible 40% after deductible 40% after deductible 40% after deductible 40% after deductible 40% after deductible 40% after deductible 40% after deductible 40% after deductible	\$0 \$100 \$20 \$20 \$20 \$20 10% 0% \$20 \$20 \$20 \$20 \$20 \$20 \$20 \$20 \$20	30% after deductible 30% after
Prescription CoverageIn-NetworkOut-of-Network*In-NetworkOut-of-Network*Contraceptives: Generics and Brands without a generic equivalent or alternative\$030%\$0\$030%Generic Drugs\$1530%\$1030%Preferred Brand drugs\$5030%\$3530%	Outpatient surgery facility fee Outpatient surgery physician fee Acupuncture Outpatient Chiropractor Physical Therapy Outpatient Durable medical equipment Termination of Pregnancy Removal of Impacted Wisdom Teeth Dental injury only Behavioral Health Mental Health- Outpatient	10% after deductible10% after deductible10% after deductible\$30\$30\$30\$3010% after deductible10% after	40% after deductible 40% after deductible 30% after deductible 30% after deductible 30% after deductible 40% after deductible 40% after deductible 40% after deductible 0ut-of-Network* 30% after deductible 40% after deductible	\$0 \$100 \$20 \$20 \$20 \$20 10% 0% \$20 \$20 \$20 \$20 \$20 \$20 \$20 \$20 \$20	30% after deductible 30% after deductible
Contraceptives: Generics and Brands without a generic equivalent or alternative\$030%\$030%Generic Drugs\$1530%\$1030%Preferred Brand drugs\$5030%\$3530%	Outpatient surgery facility fee Outpatient surgery physician fee Acupuncture Outpatient Chiropractor Physical Therapy Outpatient Durable medical equipment Termination of Pregnancy Removal of Impacted Wisdom Teeth Dental injury only Behavioral Health Mental Health- Outpatient	10% after deductible 10% after deductible \$30 \$30 \$30 \$30 \$30 \$10% after deductible 10% after deductible	40% after deductible 40% after deductible 30% after deductible 30% after deductible 40% after deductible 30% after	\$0 \$100 \$20 \$20 \$20 \$20 10% \$20 \$20 \$20 \$20 \$20 \$20 \$20 \$20 \$20 \$20	30% after deductible 30% after
alternative \$0 30% \$0 30% Generic Drugs \$15 30% \$10 30% Preferred Brand drugs \$50 30% \$35 30%	Outpatient surgery facility fee Outpatient surgery physician fee Acupuncture Outpatient Chiropractor Physical Therapy Outpatient Durable medical equipment Termination of Pregnancy Removal of Impacted Wisdom Teeth Dental injury only Behavioral Health Mental Health- Outpatient Substance abuse inpatient student Substance abuse outpatient student	10% after deductible10% after deductible10% after deductible\$30\$30\$30\$3010% after deductible10% after deductible10% after deductible10% after deductible10% after deductible10% after deductible10% after deductible10% after deductible10% after deductible10% after deductible\$2010% after deductible\$20\$20\$20	40% after deductible 40% after deductible 30% after deductible 30% after deductible 30% after deductible 40% after deductible 40% after deductible 40% after deductible 40% after deductible 40% after deductible 40% after deductible 40% after deductible 40% after deductible 30% after deductible	\$0 \$100 \$20 \$20 \$20 \$20 10% 0% \$20 \$20 \$20 \$20 \$20 \$20 \$20 \$250 \$250 \$	30% after deductible 30% after
Preferred Brand drugs \$50 30% \$35 30%	Outpatient surgery facility fee Outpatient surgery physician fee Acupuncture Outpatient Chiropractor Physical Therapy Outpatient Durable medical equipment Termination of Pregnancy Removal of Impacted Wisdom Teeth Dental injury only Behavioral Health Mental Health- Outpatient Substance abuse inpatient student	10% after deductible 10% after deductible \$30 \$30 \$30 \$30 \$30 \$10% after deductible 10% after deductible \$20 10% after deductible \$20 In-Network	40% after deductible 40% after deductible 30% after deductible 30% after deductible 40% after deductible 40% after deductible 40% after deductible 40% after deductible 40% after deductible 40% after deductible 40% after deductible 40% after deductible 30% after deductible 40% after deductible	\$0 \$100 \$20 \$20 \$20 10% 0% \$20 \$20 \$20 \$20 \$20 \$20 \$20 \$250 \$250 \$	30% after deductible 30% after deductible
	Outpatient surgery facility fee Outpatient surgery physician fee Acupuncture Outpatient Chiropractor Physical Therapy Outpatient Durable medical equipment Termination of Pregnancy Removal of Impacted Wisdom Teeth Dental injury only Behavioral Health Mental Health- Outpatient Substance abuse inpatient student Substance abuse outpatient student Prescription Coverage Contraceptives: Generics and Brands without a generic equivalent or	10% after deductible 10% after deductible \$30 \$30 \$30 \$30 \$30 \$10% after deductible 10% after deductible \$20 10% after deductible \$20 In-Network	40% after deductible 40% after deductible 30% after deductible 30% after deductible 40% after deductible 40% after deductible 40% after deductible 40% after deductible 40% after deductible 40% after deductible 40% after deductible 40% after deductible 30% after deductible 40% after deductible	\$0 \$100 \$20 \$20 \$20 10% 0% \$20 \$20 \$20 \$20 \$20 \$20 \$20 \$250 \$250 \$	30% after deductible 30% after deductible
Non-Preferred Brand drugs	Outpatient surgery facility fee Outpatient surgery physician fee Acupuncture Outpatient Chiropractor Physical Therapy Outpatient Durable medical equipment Termination of Pregnancy Removal of Impacted Wisdom Teeth Dental injury only Behavioral Health Mental Health- Outpatient Substance abuse inpatient student Substance abuse outpatient student Prescription Coverage Contraceptives: Generics and Brands without a generic equivalent or alternative	10% after deductible10% after deductible10% after deductible\$30\$30\$30\$30\$30\$30\$30\$30\$30\$30\$30\$30\$30\$30\$30\$30\$10% after deductible10% after deductible10% after deductible10% after deductible\$2010% after deductible\$2010% after deductible\$20In-Network\$20\$0	40% after deductible 40% after deductible 30% after deductible 30% after deductible 30% after deductible 40% after deductible 30% after	\$0 \$100 \$20 \$20 \$20 10% 0% \$20 \$20 \$20 \$20 \$20 \$20 \$20 \$20 \$250 \$25	30% after deductible 30% after deductible
The Allowed Amount for Non-Participating providers is 105% of the Medicare rate. Please see the Plan Design and Benefit Summary for more informati	Outpatient surgery facility fee Outpatient surgery physician fee Acupuncture Outpatient Chiropractor Physical Therapy Outpatient Durable medical equipment Termination of Pregnancy Removal of Impacted Wisdom Teeth Dental injury only Behavioral Health Mental Health- Outpatient Substance abuse inpatient student Substance abuse outpatient student Prescription Coverage Contraceptives: Generics and Brands without a generic equivalent or alternative	10% after deductible10% after deductible10% after deductible\$30\$30\$30\$30\$30\$30\$30\$30\$30\$30\$30\$30\$30\$30\$30\$10% after deductible10% after deductible10% after deductible10% after deductible\$2010% after deductible\$2010% after deductible\$20In-Network\$20\$10\$15\$50	40% after deductible 40% after deductible 30% after deductible 30% after deductible 30% after deductible 40% after deductible 40% after deductible 40% after deductible 40% after deductible 40% after deductible 40% after deductible 40% after deductible 0ut-of-Network 30% after deductible 30% after	\$0 \$100 \$20 \$20 \$20 10% 0% \$20 \$20 \$20 \$20 \$20 \$20 \$20 \$20 \$250 \$25	30% after deductible 30% after deductible

*The Allowed Amount for Non-Participating providers is 105% of the Medicare rate. Please see the Plan Design and Benefit Summary for more information.